NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34839

1. PLACE OF DEATH

County ....

Registration District No. 781

Township .... Primary Registration District No. ....

City ...... *St. Louis* ...... (No. *1025*, *Rutger St.* ...... St. .... Ward)

File No. ....
Registered No. 9011

2. FULL NAME ...... *Marie Schmitt*

(a) Residence, No. *1025 Rutger* St., *23* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *32* yrs. mos. ds. How long in U. S., if of foreign birth? *32* yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS		3 MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* | **4. COLOR OR RACE** *White* | **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 1-1884*

7. AGE YEARS *48* MONTHS *11* DAYS *16* If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...... *Seamstress*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...... *Lungstras C. & D. Co.*

10. Date deceased last worked at this occupation (month and year) ......

11. Total time (years) spent in this occupation ......

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alsace Lorraine*

13. NAME *Alphonse Schmitt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alsace Lorraine*

15. MAIDEN NAME *Katie Thomann*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alsace Lorraine*

17. INFORMANT (ADDRESS) *John B. Thomann 1025 Rutger St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New SS Peter and Paul Cem.* DATE *Oct. 19* 1933

19. UNDERTAKER (ADDRESS) *Thos. Kutis 2906 Gravois Ave*

20. FILED OCT 18 1933 *J. J. Biedeck* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 17* 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from *July 20* 19 *33*, to *Oct. 17* 19 *33*

I last saw *her* alive on *Oct 16* 19 *33* Death is said to have occurred on the date stated above, at *1* P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer Uterus and ovary *June 15*

Primary seat unknown

Other contributory causes of importance:

Myocarditis acute

Name of operation *Right ovary and Tube* Date of *July 6, 33*
What test confirmed diagnosis? *Lab* Was there an autopsy? ......

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) *Albert + Brno* , M. D.

(Address) *1841 S 13th*